

CHANGE OF ADDRESS and CONTACT INFORMATION

ACCOUNT NAME	
Please check one or both and provide the account number(s):	
() IRP ACCOUNT #	() IFTA ACCOUNT #
OLD ADDRESS INFORMATION	
Physical	Mailing
Telephone Number:	Telephone Number:
NEW ADDRESS and CONTACT INFORMATION	
Physical	Mailing
Telephone Number:	Telephone Number:
Name of New Contact (if applicable)	
Change or Cancel Power of Attorney? YES □ NO □ New Power of Attorney is Enclosed? YES □ N/A □	
* PROOF OF RESIDENCY – To change your Signature	
physical address, you must include three	Date
items from the following list with this	
completed form.	
Current copy of a Florida driver's license in your name. Copy of a document indication your company is a Florida corporation or is registered to conduct business as a foreign corporation in Florida. Copy of document indicating you are a resident of Florida and the principal owner of a Florida corporation. Current copy of a Federal income tax return, in your name, indication the return was filed from your Florida address. Current copy of a tax bill indicating real estate or personal property taxes have been paid in your name for your Florida address. Current copy of a utility bill paid in your name for your Florida address. Copy of a vehicle title or registration for a vehicle titled in Florida in your name.	

NOTE: A change to your physical address requires issuance of a new cab card.

Please enclose \$3.25 per vehicle.

MAIL COMPLETED FORM AND ANY OTHER ENCLOSURES TO:

Bureau of Commercial Vehicle and Driver Services - Neil Kirkman Building, MS 62 2900 Apalachee Parkway - Tallahassee, FL 32399-0626

Telephone (850) 617-3711 - FAX (850) 617-3931 - www.flhsmv.gov

OUR MISSION

PROVIDING HIGHWAY SAFETY AND SECURITY THROUGH EXCELLENCE IN SERVICE, EDUCATION, AND ENFORCEMENT

OUR VISION

A SAFER FLORIDA!